UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	MAY 17 2018 Page 1 of 4
Name: Art Robinson	Daytime Telephone	18 MAY 29 PM 1: 58
New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Dete of Election: 11/6/15	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee State Employing Office:	Staff Filer Type (If Applicable): Shared Principal Assistant to 5/16/18	A \$200 penalty shail be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more then \$1,000 at the end of the reporting period? or b. Receive more then \$200 in unearmed income from eny reportable asset during the reporting period?	Yes No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the data of filing?	the reporting he keep thing? Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No K
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No
ATTACH THE CO THIS FORM INCLUDES ONL	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	"COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	IST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	nittee on Ethics and certain other "excepted trusts" need not be disclosed. tendent child?	ave you excluded Yes No 🛚 No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ned" income, or liabilities of a spouse or dependent child because they medommittee on Ethics.	all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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BLOCK A	в соск в	BLOCK C	BLOCK D	+
Assets and/or Income Sources	Velue of Asset	Type of Income	Amount of Income	
Identify (e) each asset held for investment of Indicate value of asset at production of income and with a fair market value use a valuation method excaeding \$1,000 at the and of the raporting period, specify the method used, and (b) any other reportable asset of source of income if an asset was sold durin which generated more than \$200 in unearmed only because it general income during the year.	Identify (e) aach assat held for investment of incide value of asset at close of the raporting period. If you Check all columns that apply. For accounts production of income and with a fair market value use a valuation method other than fair market value, please that generate tax-defarred income (such as assets exceeding \$1,000 at the and of the raporting period, specify the method used. Adit(x), IPA, or \$29 accounts, pursua, check capita and (b) any other reportable asset or source of income if reporting period and is included the "Tax-Defarred" column. Dividends, Check which generated more than \$200 in "unaamed" only because it generated income, the value should be interest, and capital gains, even if income during the year. "None."	Check all columns that apply. For accounts For es thet generals tax-defarred income (such as assets 401(k), IRA, or 529 accounts), you may check capita the Tax-Defarred column. Dividends, Check interest, end capital gains, even if envershed, must be disclosed as froome 'Column arrayshed, must be	Identify (e) aach assat held for investment of Indicate value of asset at close of the raporting period. If you Check all columns that apply. For accounts For essets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other production of income and with a fair market value use a valuation method other than fair market value, please that generate tax-defaired income (such as assets indicate the category of income by checking the appropriate box below. Dividends, and exceeding \$1,000 at the and of the raporting period, specify the method used. 401(5), IRA, or \$23 accounts, you may check capital gains, even if relinvested, must be disclosed as income for assets held in taxable accounts, which generated more than \$200 in "unaamed" only because it generated income, the value should be interest, and capital gains, even if the production of the production of the production of the period of the production of the production of the period of the production of the period of the production of the period of the	column. For all other dends, Interest, and n taxable accounts.
For sil IRAs and other retirement plens (such as 401(k) plens) provide the value for each assat held in				
the account that exceeds the raporting thresholds.			Current Year Preceding Year	'ear
For bank end other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.			10 10 10 10 10 10 10 10 10 10 10 10 10 1	IX X X IIIV IN IX
For rental and other real property held for investment, provide a complate address or description, e.g.,				

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Simon & Schuster Mega Corp Stock

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For e detailed discussion of Schedule A requirement please refer to the instruction booklet.

None

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\$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000

\$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000

NONE

Mone \$1-\$200

\$201-\$1,000 \$1,001-\$2,500

\$2,501-\$5,000

\$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000

\$1-\$200 \$201-\$1,000

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\$15,001-\$50,000

\$50,001-\$100,000

\$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Over \$5,000,000

Spouse/DC Income over \$1,000,000*

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Spouse/DC Income over \$1,000,000*

DIVIDENDS RENT INTEREST

CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED

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Pertnership

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Spouse/DC Asset over \$1,000,000*

Other Type of Income (Specify: e.g., Partnership Income or Farm Income)

'you so choose, you may indicate that an asset norme source is that of your spouse (SP) lependent child (DC), or jointy held with enyone (J'n the optionel column on the far left.

xclude: Your personal rasidence, including seco

ographic location in Block A.

not publicly traded ss. the natura of

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iremant progrem, including the Thrift Savings Plei come during the reporting period); end any fin terest in, or incoma derived from, e fi

you report a privately-traded fund that is au cepted investment Fund, please check the "EIF

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Assets and/or income Sources						<		9	<u>></u>	Value of Asset	-							₹	8	<u></u>	Type of Income	3											₹	ĕ	¥	Ĭ	Amount of income	3									
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						_			;		_			^^^	000,000								cify: e.g., n Income)		~	3	>		5	3	§	\$	>	8	,000,000° ≧	-	*										1,000,000° ≧
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000		\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000	HOME	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify Partnership Income or Farm In	Nane	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,691-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,00	Nane	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$8,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$160,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,00
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SCHEDULE C - EARNED INCOME

Name:
Page 3 of 4

List the source, type, end emount of eerned income from any source (other then the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honorarie. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such es Netionel Guerd or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be edvised thet the income limit and prohibited income may apply to you after you are on House peyroll. The 2017 limit on outside earned income for Members and employees compensated et or ebove the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciery reletionship) are totally prohibited for Members end senior staff.

Source (include date of receipt for honoraria)	Type		Amount
Source (illiciade date of leceipt for Horiotalia)	lype	Current Yeer to Filing	Preceding Yeer
ABC Trade Association, Baltimore, MD (July 15) State of Maryland	Honorarium Salary	\$0 \$20,000	\$500 \$76,000
EXCITIDIES. Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 NA	\$1,000 N/A
U.S. Social Security Administration	Social Seconty	10,000	25,000
Newsletter Access to Energy - abo	Writeratiblisher	5,000	5,000
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SCHEDULE D – LIABILITIES

	reporting period by you, your spouse, or your dependent child. Mark the higheat amount owed during the reporting by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence by the first turniture, or appliances: liabilities of a business in which you own an interest (unless you are personally liable); and	reporting period by you, your spouse, or your deper y real property including mortgages on their person old furniture, or appliances: liabilities of a business
l	Robinson Page 4 of 4	Name: Art

period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the

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				Example	11 · · · · · · · · · · · · · · · · · ·		
			-	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
-	and the state of t	A CONTRACTOR OF THE CONTRACTOR		Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	DD .	
					\$50,001- \$100,000	c	
				X	\$100,001- \$250,000	D	l _⊳
					\$250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	חר	t of Lia
					\$1,000,001- \$5,000,000	6	bility
					\$5,000,001- \$25,000,000	æ	
					\$25,000,001 \$50,000,000	-	
					Over \$50,000,000	4	
					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officar, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employeea report positions held in the current calendar year and two previous years.

	& Member Band of Trustees	President Research Holoson	Position
		Oregon Institute at Science + Medicine	Name of Organization

SCHEDULEF

MENTS	Name:	Pageof
al terms of any agreement or arrangement that you have with re	al terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service	of government service;

SCHEDOL	SCHEDULE F - AGREEMEN IS	Name:	Pageof
Identify the deta continuation or employer.	Identify the dete, perties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation employer.	with respect to: future employment; a leave of absence during the period of government service: nent; or continuing participation in an employee welfare or benefit plan maintained by e former	government service; intained by e former
Date	Parties to Agreement	Terms of Agreement	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the nemes of clients and customers of any corporation, firm, pertnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat Information letted on Schedule C.

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	Source (Name and City/State)	Brief Description of Dutles
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: Page_____of_

NUMBER
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